

Docket: 33535/US

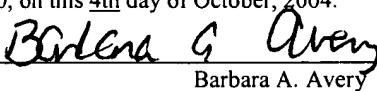
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------|---|----------------------|
| First Named Inventor: | Barry Byron | |
| Appln. No.: | 10/656,027 | |
| Filing Date: | September 4, 2003 | Examiner: H. Desai |
| Title: | Apparatus and Method for Sealing a Bag | Group Art Unit: 3721 |

PETITION FOR EXTENSION OF PERIOD FOR RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

I hereby certify that this document is being sent via First Class U.S. mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 4th day of October, 2004.


Barbara A. Avery

Dear Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for an extension of One (1) month(s) (from September 4 to October 4, 2004) within which to respond to the Office Action dated June 4, 2004ated. A check in the amount of \$55.00 is enclosed herewith to cover the extension fee.

The Commissioner is hereby authorized to charge any deficiencies or credit any overpayments to Deposit Account No. 04-1420.

Respectfully submitted,

**DORSEY & WHITNEY LLP
Customer Number 25763**

By: 
Alicia Griffin Mills, Reg. No. 46,933
Intellectual Property Department
Suite 1500
50 South Sixth Street
Minneapolis, MN 55402-1498
(612) 492-6514

Date: October 4, 2004

10/12/2004 CCHAU1 00000022 10656027

01 FC:2251

55.00 OP



FEE DETERMINATION (After Amendment of Claims)

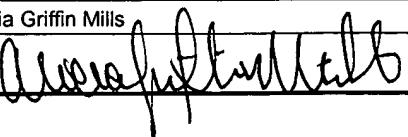
| Complete if Known | |
|----------------------|-------------------|
| Application No. | 10/656,027 |
| Filing Date | September 4, 2003 |
| First Named Inventor | Barry Byron |
| Group Art Unit | 3721 |
| Examiner Name | H. Desai |
| Atty. Docket Number | 33535/US |

Claims as Amended in Response to Office Action dated: June 4, 2004

| METHOD OF PAYMENT (Check One) | | | | AMENDMENT FEE CALCULATION (Continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------------|---|-----------------|--|------------------------------------|---------------|-----------------|------------------|------------------|-----------------|----------|---------|---------|--|------|-----|---------|---|--|-----|-----|--|--|------------------|-----|---|--|-------|-------|--|--|-------|-----|---------------------------|--|-----|-----|------------------|--|-----|-----|-----------------------------------|--|-----|-----|--------------------------|--|-----|----|-------------------------|--|-----|----|----------------------------------|--|-------|-----|------------------------------------|--|-----|-----|-------------------------------|--|-----|-----|-------------------|--|-----|-----|---|--|
| <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 04-1420 Deposit Account Name: DORSEY & WHITNEY LLP</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)</p> <p>2. <input checked="" type="checkbox"/> Check Enclosed</p> | | | | <p style="text-align: center;">3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Large Entity Fee</th> <th style="text-align: center;">Small Entity Fee</th> <th style="text-align: center;">Fee Description</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">110</td> <td style="text-align: center;">55</td> <td>Extension for reply within first month</td> <td style="text-align: center;">\$55</td> </tr> <tr> <td style="text-align: center;">420</td> <td style="text-align: center;">210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td style="text-align: center;">950</td> <td style="text-align: center;">475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td style="text-align: center;">1,480</td> <td style="text-align: center;">740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td style="text-align: center;">2,010</td> <td style="text-align: center;">1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td style="text-align: center;">1,330</td> <td style="text-align: center;">665</td> <td>Issue Fee-Utility/Reissue</td> <td></td> </tr> <tr> <td style="text-align: center;">330</td> <td style="text-align: center;">165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td style="text-align: center;">330</td> <td style="text-align: center;">165</td> <td>Filing brief in support of appeal</td> <td></td> </tr> <tr> <td style="text-align: center;">290</td> <td style="text-align: center;">145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td style="text-align: center;">110</td> <td style="text-align: center;">55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td style="text-align: center;">110</td> <td style="text-align: center;">55</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td style="text-align: center;">1,330</td> <td style="text-align: center;">665</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td style="text-align: center;">130</td> <td style="text-align: center;">130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td style="text-align: center;">180</td> <td style="text-align: center;">180</td> <td>Submission of IDS</td> <td></td> </tr> <tr> <td style="text-align: center;">770</td> <td style="text-align: center;">385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> </tbody> </table> | | | | Large Entity Fee | Small Entity Fee | Fee Description | Fee Paid | 110 | 55 | Extension for reply within first month | \$55 | 420 | 210 | Extension for reply within second month | | 950 | 475 | Extension for reply within third month | | 1,480 | 740 | Extension for reply within fourth month | | 2,010 | 1,005 | Extension for reply within fifth month | | 1,330 | 665 | Issue Fee-Utility/Reissue | | 330 | 165 | Notice of Appeal | | 330 | 165 | Filing brief in support of appeal | | 290 | 145 | Request for oral hearing | | 110 | 55 | Terminal Disclaimer Fee | | 110 | 55 | Petition to revive – unavoidable | | 1,330 | 665 | Petition to revive – unintentional | | 130 | 130 | Petitions to the Commissioner | | 180 | 180 | Submission of IDS | | 770 | 385 | Request for Continued Examination (RCE) | |
| Large Entity Fee | Small Entity Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | \$55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 420 | 210 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 950 | 475 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,480 | 740 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,010 | 1,005 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,330 | 665 | Issue Fee-Utility/Reissue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 330 | 165 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 330 | 165 | Filing brief in support of appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 290 | 145 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Terminal Disclaimer Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Petition to revive – unavoidable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of IDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 770 | 385 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMENDMENT FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. EXTRA* CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Claims Remaining after Amendment</th> <th style="text-align: center;">Highest Number Previously Paid for</th> <th style="text-align: center;">Present Extra</th> <th style="text-align: center;">Fee from Below*</th> <th style="text-align: center;">Additional Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Total 20</td> <td style="text-align: center;">- 22</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td style="text-align: center;">Indep. 3</td> <td style="text-align: center;">- 3</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td colspan="5" style="text-align: center;">First Presentation of Multiple Dependent Claim _____ x _____ = _____</td> </tr> <tr> <td colspan="5" style="text-align: center;">Subtotal (1) N/A</td> </tr> </tbody> </table> | | | | Claims Remaining after Amendment | Highest Number Previously Paid for | Present Extra | Fee from Below* | Additional Fee | Total 20 | - 22 | = 0 | x _____ | = _____ | Indep. 3 | - 3 | = 0 | x _____ | = _____ | First Presentation of Multiple Dependent Claim _____ x _____ = _____ | | | | | Subtotal (1) N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Remaining after Amendment | Highest Number Previously Paid for | Present Extra | Fee from Below* | Additional Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total 20 | - 22 | = 0 | x _____ | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. 3 | - 3 | = 0 | x _____ | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Presentation of Multiple Dependent Claim _____ x _____ = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Calculation of Extra Claim Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Small Entity Fee | <u>Fee Description</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 | 43 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 290 | 145 | Multiple dependent Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 | 43 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Other fee (specify): _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Subtotal (2) \$55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Total Amount of Payment: \$55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Submitted by:

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|----------------------------|---|
| CUSTOMER NUMBER | DORSEY & WHITNEY LLP Intellectual Property Department 50 South Sixth Street, Suite 1500 Minneapolis, MN 55402-1498 |
| Name: Alicia Griffin Mills | Reg. No.: 46,933 |

| | |
|--|-----------------------|
| Signature:  | Date: October 4, 2004 |
|--|-----------------------|